

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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49				/				
50				/				
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		↓		↓		↓		
TOTAL CLAIMS								

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
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58				/		
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62				/		
63				/		
64				2		
65				2		
66				2		
67				2		
68				2		
69			/			
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		↓	39	↓		↓
TOTAL CLAIMS			42			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS